

## **Application for Registration**

FOREIGN Limited Liability Company

 $\rightarrow$  Filing Fee: \$150.00

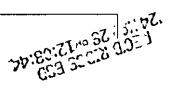
Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| purpose submits the following statement:   |                       |                         | L                 |  |
|--|-----------------------|-------------------------|-------------------|--|
| 1. The name of the limited liability company is:   |                       |                         |                   |  |
| Hub Heartland LLC  |                       |                         |                   |  |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 🔲 No 🗹 |                       |                         |                   |  |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:                |                       |                         |                   |  |
|  |                       |                         |                   |  |
| 2. The LLC is organized under the laws of:<br>Ohio   |                       |                         |                   |  |
| 3. The date of its organization is:<br>04/15/2024  |                       |                         |                   |  |
| And the period of its duration is: CHECK ONE BOX ONLY  |                       |                         |                   |  |
| Perpetual (on-going)   |                       |                         |                   |  |
| Date certain for dissolution   |                       |                         |                   |  |
| 4. The name and address of the resident agent/office in Rhode Island is:   |                       |                         |                   |  |
| Agent Name<br>Corporation Service Company  |                       |                         |                   |  |
| Street Address ( <u>NOT</u> a P.O. Box)<br>222 Jefferson Boulevard, Suite 200  |                       |                         |                   |  |
| City/Town<br>Warwick   | State<br>RHODE ISLAND | Zip Code<br>02888       |                   |  |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:           |                       |                         |                   |  |
| Insurance Broker Services  |                       |                         |                   |  |
|  |                       |                         |                   |  |
|  |                       |                         |                   |  |
|  |                       |                         |                   |  |
|  |                       |                         | _                 |  |
|  |                       | Check the box to indica | ate an attachment |  |

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

M7 FILED 1202 MAY 28 2024 BY.

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| 6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence. |                 |           |  |  |
|---|-----------------|-----------|--|--|
| 7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:   |                 |           |  |  |
| 8044 Montgomery Road, Suite 640, Cincinnati, OH 45236   |                 |           |  |  |
| 8. The mailing address for the limited liability company is:  |                 |           |  |  |
| 8044 Montgomery Road, Suite 640, Cincinnati, OH 45236   |                 |           |  |  |
| 9. Management of the Limited Liability Company: CHECK ONE BOX ONLY  |                 |           |  |  |
| Members (Owners) OR Manager(s). Complete the chart below.<br>DO NOT complete the chart below.   |                 |           |  |  |
|   | MANAGER(S) NAME | ADDRESS   |  |  |
|   |                 |           |  |  |
|   |                 |           |  |  |
| Check the box to indicate an attachment   |                 |           |  |  |
| 10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.   |                 |           |  |  |
| 11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY  |                 |           |  |  |
| Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing)  |                 |           |  |  |
| Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.   |                 |           |  |  |
| Type or Print Name of LLC   |                 | Date      |  |  |
| Hub Heartland LLC   |                 | 5/17/2024 |  |  |
| Signature of Authorized Person  |                 |           |  |  |
|   |                 |           |  |  |

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

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I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show IIUB HEARTLAND LLC, an Ohio Limited Liability Company, Registration Number 5214882, was organized in the State of Ohio on April 15, 2024, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of May, A.D. 2024.

1 for

**Ohio Secretary of State** 

Validation Number: 202414102140

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 28, 2024 12:08 PM

Areg M. Couve

Gregg M. Amore Secretary of State

